



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



Bib Data Sheet

CONFIRMATION NO. 1996

|                             |  |              |                        |  |
|-----------------------------|--|--------------|------------------------|--|
| SERIAL NUMBER<br>10/511,176 | FILING OR 371(c)<br>DATE<br>10/14/2004<br>RULE | CLASS<br>345 | GROUP ART UNIT<br>2671 | ATTORNEY<br>DOCKET NO.<br>PHFR020036US |
|-----------------------------|--|--------------|------------------------|--|

**APPLICANTS**

Sherif Makram-Ebeid, Dampierre, FRANCE;  
 Maxim Fradkin, Paris, FRANCE;  
 Jean-Michel Rouet, Paris, FRANCE;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/IB03/01383 04/04/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

EUROPEAN PATENT OFFICE (EPO) 02290949.9 04/16/2002

|                                 |   |                  |                |              |                    |
|---------------------------------|---|------------------|----------------|--------------|--------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | FRANCE           | 4              | 13           | 1                  |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                  |                |              |                    |

**ADDRESS**

Wayne M Serra  
 Philips Intellectual Property & Standards  
 595 Miner Road  
 Cleveland , OH 44143

**TITLE**

Medical viewing system and image processing method for visualisation of folded anatomical portions of object surfaces

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>950 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other<br><input type="checkbox"/> Credit |
|----------------------------|---|---|